



Strong Teens, Strong Communities

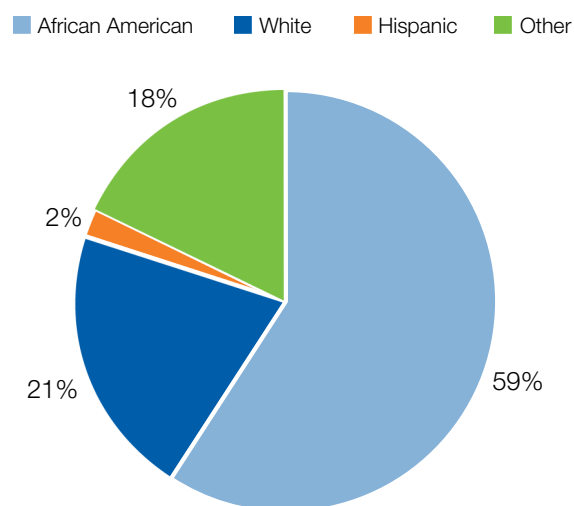
South Carolina Campaign to Prevent Teen Pregnancy

Building Capacity Through Creative Partnerships and Customized Training

The Challenge

- South Carolina has the 13th highest teen birth rate in the United States at 53 births per 1,000 girls aged 15–19 years versus 42 per 1,000 for the United States overall (2006).¹
- Substantial inequalities exist for South Carolina's teens. The highest percentage of teen births (47%) are to non-Hispanic black mothers, although African Americans account for only one third of the population of this age group. The non-Hispanic black teen birth rate (64 per 1,000) is almost twice as high as the white teen birth (38 per 1,000). The Hispanic teen birth rate (157 per 1,000) is more than four times higher than the white teen birth rate.²
- In 2004 alone, preventing teen childbearing in South Carolina would have saved tax payers an estimated \$92 million.³

Youth Served by the SC Campaign's intensive local partners with science-based teen pregnancy prevention programs, by percent of race and Hispanic ethnicity as of October 2008



The Solution

- The SC Campaign is collaborating with the South Carolina Department of Education to strengthen science-based approaches for teen pregnancy prevention in schools.
- The SC Campaign provides intensive technical assistance and training to nine local organizations including community agencies, schools, and after-school programs:
- To ensure that capacity is built, the SC Campaign systematically uses a 10-step process to program planning, *Promoting Science-Based Approaches-Getting to Outcomes* (PSBA-GTO).⁴
- The SC Campaign takes a unique approach to providing technical assistance and training that is customized and tailored to the specific needs of each local partner:
- Each local partner receives an on-site needs and resources assessment.
- Individualized 12-month Case Plans are developed based on the results of the needs assessment. The SC Campaign then works with each site to prioritize which program planning areas to focus on.
- The SC Campaign identifies in-house staff who are experts in each PSBA-GTO program planning area to provide technical assistance to local partners.
- An interactive online discussion board enables local partners and providers statewide to communicate and remain up to date on topics of interest.
- Constant Contact is a method of weekly phone calls from the campaign to local partners that ensures problems with program implementation are caught early.



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

www.CDC.gov/ReproductiveHealth/AdolescentReproHealth



Youth and Communities Served

- More than 2,800 middle school and high school aged youth have received science-based prevention programming through the SC Campaign's nine local project partners. African American youth have been a priority population for prevention programming.
- In 2008-2009, the SC Campaign will almost double (from 9 partners to 17) the number of youth-serving organizations and schools to whom it provides intensive training and technical assistance.

Expected Impact

- By 2010, nine locally-based teen pregnancy prevention programs will have institutionalized the use of science-based approaches in planning, implementing and evaluating their adolescent reproductive health programs.
- Through the SC Campaign's evaluated model for the provision of education and technical assistance, providers throughout the state will have increased ability to use science-based approaches to plan, implement and evaluate teen pregnancy/HIV prevention programs.

Targeted Population(s)

- Traditional teen pregnancy prevention programs (e.g., community-based organizations, Medicaid reimbursable family planning service providers, schools).
- Non-traditional youth-serving professionals (e.g., juvenile justice, foster care, special needs, faith based organizations).

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¹ Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Kirmeyer S, Mathews TJ.. Births: Final data for 2006. National vital statistics reports; vol 57 no 7. Hyattsville, MD: National Center for Health Statistics, 2009.

² CDC. National Center for Health Statistics. VitalStats. Available at <http://www.cdc.gov/nchs/vitalstats.htm>.

³ Hoffman S. *By the Numbers: The Public Costs of Teen Childbearing*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2006. <http://www.thenationalcampaign.org/costs/national.aspx> *

⁴ The original GTO was developed by the RAND Corporation for the substance abuse field, available at http://www.rand.org/pubs/technical_reports/TR101/ *. PSBA-GTO is the version adapted specifically for teen pregnancy prevention programming, used by CDC's PSBA project partners. A summary version is available at <http://www.cdc.gov/reproductivehealth/AdolescentReproHealth/ScienceApproach.htm>.